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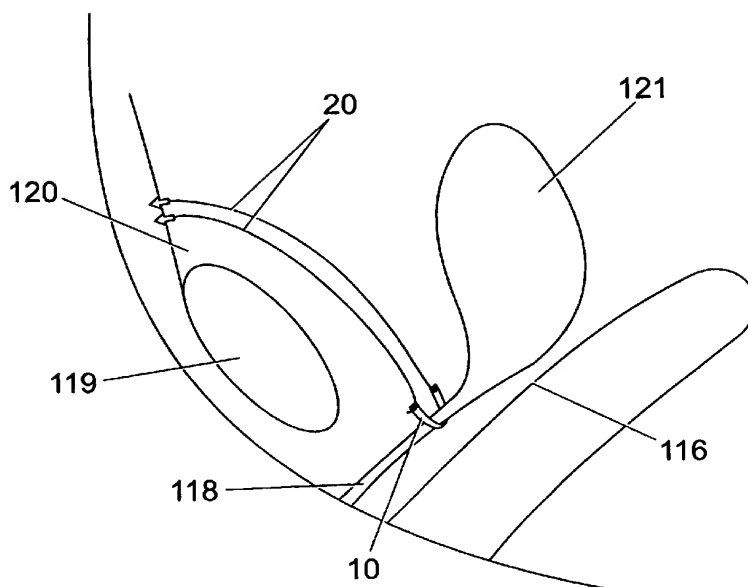
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(54) Title: APPARATUS AND METHOD FOR TREATING FEMALE URINARY INCONTINENCE



(57) Abstract: The present invention provides a surgical implant and method for supporting the urethra (118), the implant comprising: a suburethral support (10) suspended between two soft tissue anchors (30) that do not penetrate the lower abdominal wall and are attached at either side of the suburethral support (10). The soft tissue anchors (30) retain each anchor in soft tissue, suspending each side of the suburethral support (10). The suburethral support (10) passes under the urethra (118) to support the urethra (118). The implant has uses including treating urinary incontinence and uterovaginal prolapse.



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*For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.*

1     **"Apparatus and Method for Treating Female Urinary**  
2     **Incontinence"**

3  
4     This invention relates to an apparatus and method  
5     for treating female urinary incontinence and, in  
6     particular, to a surgical implant having a sling  
7     that passes under the urethra in use and supports  
8     the urethra to alleviate incontinence, along with  
9     related apparatus and methods for inserting the  
10    surgical implant in the body.

11  
12    Urinary incontinence affects a large number of women  
13    and, consequently, various approaches have been  
14    developed to treat female urinary incontinence.  
15    Those skilled in the art will be familiar with  
16    approaches ranging from pelvic floor exercises to  
17    surgical techniques such as Burch colposuspension  
18    and Stamey-type endoscopic procedures in which the  
19    sutures are placed so as to elevate the bladder  
20    neck.  
21

1 This invention is particularly directed to  
2 improvement of a known procedure in which a sling is  
3 positioned loosely under the urethra, commonly known  
4 as TVT (tension free vaginal tape) and described,  
5 for example, in International Patent Applications  
6 No. WO97/13465 and WO97/06567. It is generally  
7 understood that this treatment alleviates urinary  
8 incontinence by occluding the mid-urethra (for  
9 example at a time of raised abdominal pressure by  
10 coughing or the like).

11  
12 The sling is provided in the body using two large  
13 curved needles which are provided at each end of the  
14 sling, which sling comprises a long mesh or tape.  
15 Each of the needles is carried on an insertion tool  
16 (which is basically a handle facilitating  
17 manipulation of the needles). The mesh or tape is  
18 usually made of knitted polypropylene (such as  
19 Prolene®). The mesh or tape is generally covered  
20 with a plastics sleeve or polythene envelope to aid  
21 smooth insertion, the mesh or tape having rough  
22 surfaces to aid retention in the body.

23  
24 An incision is made in the anterior vaginal wall and  
25 the first of the needles is passed through the  
26 incision, past one side of the urethra, behind the  
27 pubic bone, through the rectus sheath and out  
28 through the lower anterior abdominal wall.  
29 Likewise, the second needle is passed through the  
30 incision, past the other side of the urethra, behind  
31 the pubic bone, through the rectus sheath and out  
32 through the lower abdominal wall. The needles are

1     separated from their respective insertion tools and  
2     also from the mesh or tape such that only the tape  
3     and its plastics sleeve are left in the body,  
4     passing from a first exit point in the lower  
5     abdominal wall, through the rectus sheath, behind  
6     the pubic bone, under the urethra, back behind the  
7     pubic bone, back through the rectus sheath and out  
8     through a second exit point in the lower abdominal  
9     wall.

10

11    The plastics sleeve is then removed from the tape  
12    and the tape adjusted to a suitable tension (such  
13    that the tape provides a sling that passes loosely  
14    under the urethra, as described above) by  
15    manoeuvring the free ends of the tape outside the  
16    exit points in the lower abdominal wall whilst the  
17    urethra is held using a rigid catheter inserted  
18    therein. The tape is then cut such that it just  
19    falls short of protruding from the exit points in  
20    the lower abdominal wall. The exit points and the  
21    incision in the upper vaginal wall are then closed  
22    by sutures. The tape is held in position by virtue  
23    of friction between the tape's rough edges and the  
24    surrounding body tissue (such as the rectus sheath  
25    and the body tissue behind the pubic bone) and  
26    subsequent natural adhesion of the tape with the  
27    body tissue as it re-grows around the mesh material.  
28    Whilst highly effective in treating urinary  
29    incontinence, this procedure has a number of  
30    problems. One such problem is that the needles used  
31    for inserting the tape are comparatively large, with  
32    the needles having, for example, a diameter of

1 around 5-6 mm and a length of around 200 mm. As  
2 well as causing concern for patients viewing such  
3 needles before or during the procedure (which is  
4 carried out under local anaesthetic), this can also  
5 lead to a high vascular injury rate.

6  
7 Similarly, the requirement that the needles exit the  
8 lower abdominal wall is disadvantageous due to the  
9 trauma to the patient in this area and pain of such  
10 abdominal wounds. A further disadvantage is that  
11 the tape comprises a relatively large foreign body  
12 mass to be retained within the patient and this can  
13 lead to related inflammation, infection  
14 translocation, erosion, fistula and such like.

15  
16 Similarly, the nature of the large needles and tape,  
17 along with the tools required to insert these in the  
18 body, lead to the procedure having a relatively high  
19 cost.

20  
21 According to a first aspect of the present invention  
22 there is provided a surgical implant for supporting  
23 the urethra, the implant comprising: a suburethral  
24 support suspended between at least two soft tissue  
25 anchors attached at either side of the suburethral  
26 support, each soft tissue anchor having retaining  
27 means for retaining each anchor in tissue and  
28 suspending means for suspending each side of the  
29 suburethral support from a soft tissue anchor such  
30 that the suburethral support passes under the  
31 urethra in use.

32

1 Preferably the retaining means of the soft tissue  
2 anchor is capable of being inserted into soft tissue  
3 or fascia from an incision in the upper vaginal wall  
4 without the need to penetrate the lower abdominal  
5 wall.

6  
7 In one embodiment the soft tissue anchor is  
8 insertable into the rectus sheath of the human or  
9 animal body to anchor suspending means to the soft  
10 tissue, the suspending means being attached to the  
11 soft tissue anchor and the soft tissue anchor having  
12 retaining means adapted to prevent retraction of the  
13 anchor from the rectus sheath in a direction  
14 opposite to that of insertion of the anchor into the  
15 tissue.

16  
17 Preferably the soft tissue anchor comprises a  
18 central portion and the retaining means includes at  
19 least one wing section, the wing section being  
20 mounted on a first end of the central portion by  
21 resilient hinge means such that the wing section is  
22 moveable between an open, resting position and a  
23 deflected position such that in use, when the soft  
24 tissue anchor device is inserted into the tissue the  
25 wing section is pushed or held towards the central  
26 portion to a deflected position to permit entry of  
27 the soft tissue anchor into the tissue and through  
28 the rectus sheath, wherein the wing section returns  
29 to its open or resting position and prevents the  
30 soft tissue being removed.

31

1     Preferably the resilient hinge means allows the wing  
2     section to return to its resting position from its  
3     deflected position following penetration of the soft  
4     tissue anchor through the rectus sheath such that  
5     the wings of the soft tissue anchor once pushed  
6     through the rectus sheath can rest on the surface of  
7     the rectus sheath fascia opposite to the surface  
8     through which the soft tissue anchor is inserted and  
9     thus the soft tissue anchor cannot be retracted.

10

11    Preferably the resilient hinge means is capable of  
12    preventing the wing section being moved to a  
13    position greater than substantially perpendicular to  
14    the central portion.

15

16    Preferably the central portion of the soft tissue  
17    anchor comprises a hollow passage which extends from  
18    a first end of the central portion to a second  
19    opposite end of the central portion.

20

21    Preferably an introducing tool can be placed into  
22    the hollow passage such that the introducing tool  
23    extends through the central portion the soft tissue  
24    anchor such that the introducing tool extends to a  
25    point beyond the first end of the central portion.

26

27    Preferably the soft tissue anchor comprises a  
28    plurality of wing sections.

29    More preferably the soft tissue anchor comprises  
30    four wing sections arranged radially around the  
31    first end of the central portion.

32



1 Preferably the soft tissue anchor in addition to  
2 comprising a central portion and a wing section also  
3 comprises at least one stud element arranged  
4 radially around the first end of the central  
5 portion, the stud having an inclined face in the  
6 opposite direction to that in which the soft tissue  
7 anchor is inserted to aid separation of the tissue  
8 during entry of the soft tissue anchor enabling  
9 easier passage of the soft tissue anchor through the  
10 soft tissue.

11

12 Preferably the soft tissue anchor does not comprise  
13 a sharp point.

14

15 In an alternative embodiment the soft tissue anchor  
16 is capable of anchoring in the retropubic tissue  
17 space without penetrating the rectus sheath.

18

19 Preferably the soft tissue anchor in this embodiment  
20 permits fixation at multiple points via a christmas  
21 tree type configuration of deflectable wings.

22

23 A soft tissue anchor according to this embodiment  
24 comprises a central portion and the retaining means  
25 includes a plurality of projections the projections  
26 extending radially from the central portion along a  
27 substantial portion of the length of the central  
28 portion allowing fixation at a plurality of layers.  
29 Preferably the projections extend radially from the  
30 central portion at an angle inclined toward the  
31 second end of the central portion.

32

1 Preferably the projections are of a shape that they  
2 are able to provide additive traction to the soft  
3 tissue anchor and allow it to grip fibro-fatty soft  
4 tissue and blood vessels of the para-urethral  
5 tunnel below the level of the rectus sheath.

6  
7 In yet a further embodiment the soft tissue anchor  
8 may comprise a substantially flat head the bottom  
9 surface nearest the suspending means of the flat  
10 head providing the retaining means which, in use is  
11 held in the rectus sheath.

12  
13 In a further embodiment the soft tissue anchor may  
14 comprise a sharp point allowing it to pierce or  
15 penetrate the rectus sheath, and retaining means  
16 comprising a surface or protrusion directed  
17 rearwardly with respect to the sharp point which  
18 does not cause the soft tissue to part and thus  
19 prevents the soft tissue anchor from being pulled  
20 back out through the rectus sheath soft tissue in  
21 the direction opposite to that in which it is  
22 inserted into the soft tissue.

23  
24 Preferably the sharp point is provided by the apex  
25 of a conical head portion and retaining means are  
26 provided by a substantially flat base of the conical  
27 head.

28  
29 In any embodiment the soft tissue anchor is  
30 comprised of plastics material.

31

1 Typically the soft tissue anchor is comprised of  
2 polypropylene.

3

4 Alternatively the soft tissue anchor is comprised of  
5 absorbable material so as to form temporary fixation  
6 in soft tissue.

7

8 The soft tissue anchor may comprise a point formed  
9 of absorbable material including polyglactin, the  
10 sharp point thus capable of facilitating insertion  
11 of the anchor, yet being absorbed by the body later.

12

13 Preferably the soft tissue anchor may be integral  
14 with the suspending means.

15

16 More preferably the soft tissue anchor is integrally  
17 formed from polypropylene or other polymeric  
18 material the attachment between the anchor and the  
19 suspending being formed as a single unit.

20

21 An integral construction of the soft tissue anchor  
22 and suspending means has the advantage of  
23 simplifying the construction of the soft tissue  
24 anchor and suspending means, which can reduce the  
25 possibility of defective manufacture etc. and reduce  
26 costs and the chance of the soft tissue anchor and  
27 suspending means becoming detached once implanted in  
28 the body.

29

30 Alternatively the soft tissue anchor is attached to  
31 the suspending means by a thin metal tube crimped or

1 otherwise attached around the suspending means and  
2 central portion of the soft tissue anchor.

3

4 The suburethral support of the first aspect of the  
5 invention passes under the urethra, loosely  
6 supporting the urethra, the suburethral support  
7 being held in position by suspending means attached  
8 to each of its free ends on either side of the  
9 urethra, the suspending means being attached at the  
10 opposite end to at least one soft tissue anchor.

11

12 Preferably the suburethral support is comprised of  
13 flat polymer tape.

14

15 Preferably the suburethral support has dimensions  
16 sufficient only to pass around the urethra.

17

18 More preferably the suburethral support has  
19 dimensions of length 15-35mm, width 5-15mm and  
20 thickness 50-350 $\mu$ m.

21

22 In one embodiment the suburethral support has  
23 dimensions of length 25mm, width 10mm and thickness  
24 100 $\mu$ m.

25

26 Preferably the suburethral support has at least two  
27 junctions to attach the suburethral support to the  
28 suspending means.

29

30 One problem with the preferred arrangement of a soft  
31 tissue anchor and suspending means for suspending  
32 the suburethral support of the surgical implant of

1 the invention is that it is difficult to  
2 predetermine what length the suspending means must  
3 be to position the suburethral support loosely under  
4 the urethra as desired.

5

6 This is because the distance between the rectus  
7 sheath in which the soft tissue anchor is inserted  
8 and the urethra varies from patient to patient.

9

10 Preferably the distance between the soft tissue  
11 anchor(s) and the suburethral support is adjustable.

12

13 More preferably the soft tissue anchor (or anchors)  
14 can be positioned first and the suburethral support  
15 then positioned by adjusting the length of the  
16 suspending means.

17

18 Preferably the suburethral support is provided with  
19 at least one attachment tab to which suspending  
20 means are releasably or permanently attached.

21

22 Preferably the suburethral support comprises an  
23 attachment tab comprising a tunnelled element and an  
24 aperture, the tunnelled element being located at  
25 each of the free ends of the suburethral support on  
26 either side of the urethra at a position that the  
27 suspending means are capable of being introduced  
28 through, the tunnelled element co-operating with the  
29 aperture such that suspending means can be passed  
30 through the tunnelled element and then through the  
31 aperture, the aperture being present on the opposite  
32 surface of the suburethral support to that which

1 contacts the urethra the aperture having an edge  
2 capable of co-operating with a ring element and the  
3 ring element being capable of being fitted around  
4 the aperture trapping the suspending means between  
5 the ring element and the edge of the aperture such  
6 that the suspending means remain fixed in an  
7 adjusted position wherein the suburethra support  
8 hanging loosely under the urethra.

9

10 Alternatively the attachment tab comprises at least  
11 one slot through which suspending means can be  
12 passed, the suspending means being permanently  
13 attached to the slot by tying.

14

15 Alternatively the attachment tab comprises jamming  
16 slots that the suspending means can be permanently  
17 attached by being threaded through the jamming slots  
18 such that the suspending means are held in an  
19 adjusted position.

20

21 Alternatively the suburethral support is capable of  
22 being suitably positioned under the urethra by  
23 altering the position of the soft tissue anchors  
24 within the body such that at least one soft tissue  
25 anchor is secured in the soft tissue or in the  
26 rectus sheath and a subsequent anchor is inserted  
27 into the soft tissue or rectus sheath to a suitable  
28 depth such that the suburethral support hangs  
29 loosely under the urethra.

30

31 Alternatively the suspending means may be attached  
32 to the suburethral support by healing such that the

1     suburethra support and/or suspending means melt and  
2     form a join.

3

4     Alternatively the attachment tabs may have closure  
5     means for gripping the suspending means.

6

7     The suspending means may be any means suitable for  
8     connecting each end of the suburethra support to the  
9     soft tissue anchor (or respective soft tissue  
10    anchors).

11

12    Preferably the suspending means comprises a plastics  
13    strip.

14

15    Preferably the plastics strip has smooth edges.

16

17    Preferably the plastics strip comprises material  
18    such as polypropylene or other suitable non-  
19    absorbable or absorbable polymer tape.

20

21    Preferably the plastics strip is 3-5mm in width.

22

23    Preferably the plastics material comprises pores  
24    which extend through the plastics material from a  
25    first surface of the plastics material to a second  
26    opposite surface of the plastics material said pores  
27    ranging in width across the surface of the plastics  
28    material from 50 $\mu$ m to 200 $\mu$ m, the pores allowing  
29    tissue in-growth to secure the strip in the body.

30

31    Alternatively the plastics material may comprise  
32    pits, that indent but do not extend through the

1 plastics material, on at least one of the surfaces  
2 of the plastics material, the pits ranging in width  
3 from 50 $\mu$ m to 200 $\mu$ m, the pits allowing tissue in-  
4 growth to secure the strip in the body.

5  
6 Preferably the plastics material comprises pits or  
7 pores ranging in width across the surface of the  
8 plastics material from 100 $\mu$ m to 150 $\mu$ m.

9  
10 Preferably the pits or pores are distributed across  
11 the complete surface of the plastics material.

12  
13 Alternatively the pits or pores are distributed only  
14 in a particular portion of the surface of the  
15 plastics material.

16  
17 Preferably the pits or pores are created by post  
18 synthesis modification of the plastics material.

19  
20 More preferably the pits or pores are created by  
21 post synthesis treatment of the plastics material by  
22 a laser.

23  
24 Alternatively the pits or pores of between 50-200 $\mu$ m  
25 are created during synthesis of the plastics  
26 material by spaces between the waft and weave of  
27 mono-filament or multi-filament yarns when the  
28 filaments are woven to form a mesh.

29  
30 Alternatively pits or pores formed during the  
31 synthesis of plastics material are formed by the  
32 inter-filament spaces created when mono-filaments



1 are twisted to create multi-filaments, the multi-  
2 filaments then being woven to form a mesh.

3

4 In an embodiment the suspending means is provided  
5 with a plurality of microgrooves of width between  
6 0.5-7 $\mu$ m and of depth 0.25-7 $\mu$ m on at least one  
7 surface of the plastics strip.

8

9 Preferably the microgrooves are 5 $\mu$ m in width and 5 $\mu$ m  
10 in depth.

11

12 Preferably the plurality of microgrooves are aligned  
13 such that they are substantially parallel with each  
14 other.

15

16 Preferably the plurality of microgrooves are aligned  
17 such that they are separated by ridges which range  
18 in size between 1-5 $\mu$ m in width.

19

20 More preferably the microgrooves are separated by  
21 ridges of 5 $\mu$ m in width.

22

23 Preferably the ridges are formed by square pillars  
24 and the base of the microgroove is substantially  
25 perpendicular to the square pillars.

26

27 Alternatively the ridges are formed by square  
28 pillars and the base of the microgroove is bevelled  
29 in relation to the pillars.

30

31 Preferably the microgrooves are present on at least  
32 one surface of the suspending means.

1 More preferably the microgrooves are present on a  
2 plurality of surfaces of the suspending means.

3

4 These microgrooves act to orientate and align the  
5 proliferating fibroblasts on the surface of the  
6 plastics material and cause axial alignment of  
7 collagen fibres and formation of at least one strong  
8 ordered neoligament.

9

10 The orientation and alignment of the proliferating  
11 cells is capable of adding mechanical strength to  
12 the tissue which forms around the plastics material  
13 such that it is more able to support the urethra.

14

15 Preferably the suburethral support of the present  
16 invention has neither pores, pits or grooves to  
17 discourage the formation of peri-urethral adhesions.

18

19 According to a second aspect of the present  
20 invention there is provided a method of supporting  
21 the urethra comprising the steps of, introducing a  
22 surgical implant as described above into an incision  
23 made on the upper wall of the vagina, inserting a  
24 soft tissue anchor on a first side of the urethra  
25 behind the pubic bone, inserting a second soft  
26 tissue anchor on a second side of the urethra behind  
27 the pubic bone, such that the suburethral support is  
28 suspended from the soft tissue anchor supports the  
29 urethra.

30

1 The invention also provides the use of the method of  
2 supporting the urethra in treating urinary  
3 incontinence or uterovaginal prolapse.

4  
5 In one embodiment of the method the soft tissue  
6 anchors are inserted in the rectus sheath.

7  
8 In an alternative embodiment of the method the soft  
9 tissue anchors are inserted in the fibro-fatty soft  
10 tissue of the retropubic tissue space and do not  
11 penetrate the rectus sheath.

12  
13 The invention also provides an introducing tool  
14 comprising an elongate housing adapted to receive  
15 the soft tissue anchor at one end and a point which  
16 is capable of extending through the central portion  
17 of a soft tissue anchor for use in carrying out the  
18 method of the invention such that the introducing  
19 tool enables access and placement of the soft tissue  
20 anchor through the rectus sheath or in the fibrous  
21 fatty soft tissue of the para-urethral tunnel from  
22 an insertion point in the upper vaginal wall.

23  
24 More preferably the elongate housing is curved or  
25 bent, preferably through an angle of approximately  
26 30°.

27  
28 It is desirable such that a sharp point of an anchor  
29 not is not retained in the body that the soft tissue  
30 anchor may be inserted using an introducing tool the  
31 introducing tool having a sharp point for  
32 penetrating the soft tissue.

1 Preferably an introducing tool comprises a sharp  
2 point for piercing or penetrating soft tissue and  
3 carrying means for carrying the soft tissue anchor  
4 to insert the anchor into the tissue such that the  
5 soft tissue anchor device does not require a sharp  
6 head and no sharp point is left in the body.

7  
8 The overall size of the soft tissue anchor and  
9 introducing tool may be significantly smaller than  
10 that of the needles of the prior art.

11  
12 Preferably the introducing tool may have a diameter  
13 of around 2 mm to 4 mm.

14  
15 Preferably if the introducing tool is to be used in  
16 co-operation with a soft tissue anchor comprising a  
17 plurality of projections extending radially from the  
18 central portion along a substantial portion of the  
19 length of the central portion of the soft tissue  
20 anchor, the introducing tool comprises containment  
21 means for radially confining the plurality of  
22 projections extending from the central portion of  
23 the soft tissue anchor during the insertion of the  
24 soft tissue anchor.

25  
26 Thus, when the soft tissue anchor has been inserted,  
27 the tool may release the retaining means around the  
28 soft tissue anchor such that the projections which  
29 have memory are biased to expand radially and grip  
30 the soft tissue.

31

1 The reduced size of the introducing tool in  
2 comparison to the needles used to introduce devices  
3 of the prior art can significantly reduce the  
4 vascular injury rate and perceptual problems of the  
5 prior art for a patient.

6

7 Preferably the introducing tool is able or has means  
8 for releasably retaining the soft tissue anchor on  
9 the end of the housing.

10

11 During the insertion of a surgical implant to  
12 support the urethra there is a risk of penetration  
13 of the bladder wall by the needles during insertion  
14 of the tape.

15

16 This is known to be a problem with the TVT procedure  
17 described by the prior art where the needles are  
18 inserted through an incision in the vagina to thread  
19 the tape through the respective punctures in the  
20 lower anterior abdominal wall.

21

22 Following the TVT procedure of the prior art it is  
23 therefore conventional to carry out cystoscopy after  
24 the tape has been inserted in the body to determine  
25 whether or not the bladder has been perforated.  
26 This is painful for the patient and also increases  
27 the duration of the operation.

28

29 The reduced size of the tools used for inserting the  
30 surgical implant of the present invention reduce to  
31 some degree the risk of the bladder being perforated  
32 during the surgical procedure, however it is

1     nevertheless desirable to reduce the need for  
2     cystoscopy.

3

4     Accordingly at least a part of the surgical implant  
5     of the present invention may be coated or  
6     impregnated with a water soluble dye.

7

8     Preferably the soft tissue anchor of the present  
9     invention is impregnated with a water soluble dye.

10

11    Preferably, the water soluble dye is methylene blue.

12

13    It is possible to determine whether or not the  
14    bladder of a patient has been perforated by a  
15    surgical implant or instrument when inserting the  
16    surgical implant of the invention into the body, by  
17    expelling a small amount of fluid from the bladder,  
18    and determining whether or not this small amount of  
19    fluid contains any dissolved dye.

20

21    Should the bladder be perforated on insertion and  
22    placement of the surgical implant into the body, the  
23    dye impregnated into the surgical implant will  
24    dissolve in the fluid contained in the bladder and  
25    diffuse naturally throughout the fluid.

26

27    Thus should dye be present in the fluid, it is very  
28    likely that the bladder has been perforated and  
29    cystoscopy should be carried out. If there is no  
30    dye in the fluid, the bladder has not been  
31    perforated and the need for cystoscopy is obviated.

32

1 The soft tissue anchors as described in relation to  
2 the implant of the present invention are capable of  
3 use in a variety of situations.

4  
5 Accordingly the invention provides soft tissue  
6 anchors as described herein.

7  
8 The invention also provides the use of the soft  
9 tissue anchors in hernia repair, face lifts, plastic  
10 surgery and cosmetic surgery.

11  
12 Preferred embodiments of the present invention will  
13 now be described, by way of example only, with  
14 reference to the accompanying drawings, in which:

15  
16 Figure 1 is an illustration of a surgical  
17 implant according to the invention,

18 Figure 2 is a line drawing of the suspending  
19 means attached to the suburethral support,  
20 positioned underneath the urethra,

21 Figure 3 is an illustration of one embodiment  
22 of a suburethral support,

23 Figure 4 is an illustration of a second  
24 embodiment of a suburethral support,

25 Figure 5 shows suspending means being threaded  
26 through an attachment tab of a suburethral support,

27 Figure 6A, B and C show alternative methods of  
28 attaching suspending means to a suburethral support,

29 Figure 7 is an illustration of a soft tissue  
30 anchor for insertion through the rectus sheath,

31 Figures 8A-C are sequential illustrations of  
32 insertion of a soft tissue anchor of Figure 7,

1           Figure 9 is an illustration of a soft tissue  
2 anchor mounted on an introducing tool,

3           Figure 10 is an illustration of a retropubic  
4 soft tissue anchor for use in the fibro-fatty  
5 tissues of the para-urethral tunnel,

6           Figure 11 is an illustration of the placement  
7 of a soft tissue anchor of figure 10,

8           Figure 12 is an illustration of an implanting  
9 tool and a soft tissue anchor inserted into the  
10 rectus sheath,

11          Figure 13 is an illustration of the surgical  
12 implant implanted into the rectus sheath,

13          Figure 14 is an illustration of the prior art  
14 contrasted with the technique of the present  
15 invention,

16          Figure 15 is an illustration of the tool used  
17 to insert the surgical implant, and

18          Figure 16 is an illustration of the surface  
19 architecture of the suspending means.  
20

21 Referring to Figure 1, a surgical implant for  
22 treating female urinary incontinence has a  
23 suburethral support 10, suspending means 20 and at  
24 least two soft tissue anchors 30, the suburethral  
25 support 10 being positioned in use, loosely under  
26 the urethra. The suburethral support has a length L  
27 of around 25 mm and a width W of around 10 mm such  
28 that it passes around the urethra with a minimum of  
29 excess material, although other similar dimensions  
30 would also be suitable. In this example, the  
31 suburethral support 10 is made from flat polymer  
32 tape. At each side 11,13 of the suburethral support



1 10 suspending means 20 are provided which attach to  
2 the suburethral support 10 at a first end 22,24.

3

4 The suspending means 20 are attached at a second end  
5 26 to a respective soft tissue anchor 30.

6

7 As shown in figure 7 the soft tissue anchor 30 of  
8 the embodiment described comprises a central portion  
9 32 and four winged sections 34 which are attached to  
10 the central portion at a first end 38 by resilient  
11 hinge means 36 and radially extend from the central  
12 portion 32 such that when viewed from the front the  
13 anchor device resembles a cross.

14

15 As shown in figure 8A the wing sections 34 of the  
16 soft tissue anchor 30 having a resting position in  
17 which they are inclined towards the rear 40 of the  
18 central portion 32 at an angle of around 45°. In  
19 figure 8B during penetration of the anchor through  
20 tissue (the point 60 of the introducing tool  
21 enabling the soft tissue anchor to be pushed through  
22 the tissue and rectus sheath 120) the wing sections  
23 34 of the soft tissue element 30 may adopt a  
24 deflected position which means the penetration of  
25 the soft tissue anchor through the tissue and rectus  
26 sheath 120 is more effective.

27

28 As shown in figure 8C once the rectus sheath 120 has  
29 been pierced the resilient hinge means 36 cause the  
30 wing sections 34 to return to their resting  
31 position.

1 Movement of the soft tissue anchor in a direction  
2 opposite to which it was introduced into the soft  
3 tissue causes the wing section to be deflected until  
4 an endstop 46 is reached which prevents the wing  
5 sections 34 moving beyond a point substantially  
6 perpendicular to the central portion 32 and prevents  
7 retraction of the soft tissue anchor 30 from the  
8 soft tissue.

9  
10 The soft tissue anchor 30 further comprises a hollow  
11 portion 48 which extends from the first end 38 to  
12 the second rear end 40 of the central portion 32  
13 through which an introducing tool 50 may be placed.

14  
15 The introducing tool 50 extends through the hollow  
16 portion 48 such that it extends as a sharp point 60  
17 from the first end 38 of the soft tissue anchor 30  
18 such that the sharp point 60 allows penetration of  
19 the tissue by the soft tissue anchor 30.

20  
21 Stud like projections 42 which extend radially from  
22 the central portion 32 are angled such that they  
23 extend further radially from the central portion 32  
24 as they extend towards the rear 40 of the central  
25 portion 32, this inclination allowing the soft  
26 tissue anchor 30 to pass more easily into the soft  
27 tissue.

28  
29 A recessed portion 44 is positioned toward the rear  
30 end 40 of the central portion 32 to facilitate  
31 attachment of the suspending means 20 to the soft  
32 tissue anchor 30.

1     The suspending means 30 may be respectively attached  
2     to the soft tissue anchor 30 at this recessed point  
3     44 by crimping a tube around the suspending means 20  
4     to fix the suspending means 20 to the soft tissue  
5     anchor 30.

6  
7     In the embodiment shown the soft tissue anchor may  
8     be suitably positioned in the rectus sheath 120  
9     using an introducing tool 50. As shown in figure 15  
10    the tool 50 comprises a handle 52 and elongate body  
11    54. The elongate body 54 is curved through an angle  
12    of approximately 30° to facilitate positioning of  
13    the soft tissue anchor 30 in the rectus sheath or  
14    surrounding soft tissue of the human body from an  
15    incision in the upper wall of the vagina (as  
16    described below). The soft tissue anchor 30 is  
17    located on the elongate body at a narrowed portion  
18    58 of the introducing tool such that the soft tissue  
19    anchor is held in place by an abutment 56 such that  
20    the narrowed portion 58 may extend through the  
21    hollow portion 48 of the soft tissue anchor 30 such  
22    that the point 60 of the insertion tool 50 protrudes  
23    from the first end 38 of the soft tissue anchor and  
24    allows the soft tissue anchor to be inserted into  
25    the human body through the soft tissues and more  
26    specifically through the rectus sheath 120 during  
27    the placement of the soft tissue anchor.

28  
29    The placement of the soft tissue anchor 30 on the  
30    insertion tool 50 is shown in figure 8B and 8C,  
31    which shows the soft tissue anchor 30 being pushed  
32    through soft tissue fascia, such as the rectus

1 sheath 120. Once the soft tissue anchor has  
2 penetrated the rectus sheath fascia 120, as shown in  
3 Figure 8B, the introducing tool 50 can be withdrawn,  
4 as shown in Figure 8C, leaving the soft tissue  
5 anchor 30 in place.

6  
7 As shown in figure 9 the soft tissue anchor may  
8 alternatively be comprised of a central portion 70  
9 and a plurality of projections 72 the projections  
10 extending radially from the central portion 70 and  
11 arranged along a substantial portion of the length  
12 of the central portion 70. The projections 72 may  
13 be of any shape such that they provide resistance  
14 within the fibro-fatty soft tissue and blood tissues  
15 of the para-urethral tunnel in the direction  
16 opposite to that in which the soft tissue anchor is  
17 introduced.

18  
19 This resistance is also provided by the multiple  
20 layers, typically between 5-10 layers of projections  
21 72 which extend from the central portion 70.

22  
23 Using these multiple layers of projections 72 it is  
24 not necessary to insert the soft tissue anchor  
25 through the rectus sheath 120. Instead the soft  
26 tissue anchor should be positioned as high in the  
27 retropubic space as possible in the fibro-fatty soft  
28 tissue.

29  
30 In the embodiment of the soft tissue anchor  
31 comprising multiple layers of projections 72 which  
32 resembles a christmas tree, as shown in figure 10,

1 the introducing tool comprises a collar which  
2 releasably retains the projections during insertion  
3 into the retropubic space. The collar may comprise  
4 a semi-sharp bevelled needle. Following insertion  
5 of the christmas tree like anchor into the fibro-  
6 fatty soft tissue of the retropubic space the  
7 introducing tool is withdrawn removing the collar  
8 from around the plurality of projections 72 of the  
9 soft tissue anchor, which due to their memory expand  
10 outwards from the central portion 70 and grip the  
11 fibro-fatty soft tissue of the retropubic space at  
12 multiple layers. The collar of the introducing tool  
13 which extends around the soft tissue may contain a  
14 cross-sectional opening such that once the tool is  
15 withdrawn the collar may be removed from the  
16 surgical implant by passing the implant through the  
17 cross-sectional opening.

18  
19 Accordingly the invention also provides an  
20 introducing tool for use in inserting the soft  
21 tissue anchor.

22  
23 Suspending means 20 attached to the soft tissue  
24 anchors are formed from a strip of plastics material  
25 such as polypropylene which is sufficiently soft to  
26 avoid damaging the urethra or surrounding body  
27 tissue and suitably inert such that it can be left  
28 in the human body for a long period of time without  
29 causing adverse reactions. Again, other suitable  
30 materials will be apparent to those skilled in the  
31 art.

32

1 The polypropylene mesh strip of 3-5mm in width which  
2 forms the suspending means 20 has smooth edges to  
3 avoid adhesion of the soft tissue to the strip,  
4 reducing problems associated with leaving foreign  
5 material in the human body for long periods of time.  
6 As shown in figure 16 the polypropylene mesh strip  
7 further comprises pores or pits 80 ranging in width  
8 across the surface of the strip from 50 $\mu$ m to 200 $\mu$ m,  
9 which extend through the strip from a first surface  
10 of the strip 26 to a second opposite surface 28 of  
11 the strip the pores 80 allowing tissue in-growth to  
12 secure the suspending means 20 in the body.

13

14 The pores 80 are created by post synthesis treatment  
15 of the polypropylene mesh material by a laser.

16

17 The polypropylene mesh which forms the suspending  
18 means 20 also comprises microgrooves 82 of width 5 $\mu$ m  
19 and of depth 5 $\mu$ m on the surfaces of the  
20 polypropylene mesh.

21

22 The microgrooves 82 are aligned such that they are  
23 substantially parallel with each other and separated  
24 by ridges of around 5 $\mu$ m in width.

25

26 The ridges are formed by square pillars the base of  
27 the microgroove being substantially perpendicular to  
28 the square pillars or bevelled in relation to the  
29 pillars. The microgrooving 82 being present on both  
30 surfaces of the suspending means to orientate and  
31 align the proliferating fibroblasts on the surface  
32 of the plastics material and cause axial alignment

1 of collagen fibres and formation of at least one  
2 strong ordered neoligament.

3

4 This orientation and alignment of the proliferating  
5 cells adding mechanical strength to the tissue which  
6 forms around the plastics material such that it is  
7 more able to support the urethra.

8

9 The suburethral support is not provided with pores,  
10 pits or grooves to discourage the formation of peri-  
11 urethral adhesions.

12

13 Once the soft tissue anchors have been suitably  
14 positioned in either the soft tissue of the para-  
15 urethral tunnel or through the rectus sheath 120 the  
16 length of the suspending means 20 can be altered  
17 such that the suburethral support 10 hangs loosely  
18 under the urethra.

19

20 As shown in figure 2 the suspending means 20 are  
21 attached at a first end 22, 24 to the sides 12, 14  
22 of the suburethral support 10, which extend on  
23 either side of the urethra.

24

25 As shown in figure 6 a preferred method of altering  
26 the length of the suspending means 20 attached to  
27 the suburethral support 10 comprises a tunnelled  
28 element 13 at each of the free ends 22, 24 of the  
29 suburethral support 10 on either side of the  
30 urethra. The tunnelled element 13 extends from the  
31 edges of the suburethral support 10 to an aperture  
32 15, the aperture being present on the opposite

1 surface 16 of the suburethral support 10 to the  
2 surface which contacts the urethra 17, the aperture  
3 15 having an edge 18 able to co-operate with a ring  
4 element 19 such that the ring element which has  
5 memory can be pushed onto the edge 18 of the  
6 aperture 15 trapping the suspending means 20 between  
7 the edge of the aperture 18 and the ring element 19  
8 thus securing the suburethral support 10 along a  
9 particular desired length of the suspending means 20  
10 such that the suburethra support 10 hangs loosely  
11 under the urethra.

12  
13 Figure 5 shows an alternative method of attaching  
14 the suspending means 20 to the suburethral support  
15 10, the suspending means 20 being threaded through  
16 jamming slots 12 such that the suspending means 20  
17 are permanently attached to the jamming slots 12 by  
18 being pulled into the jamming slots 12 as shown in  
19 figure 5 such that the suspending means is held  
20 tightly in position.

21  
22 Alternatively as shown in figure 6 the suspending  
23 means 20 may be passed through slots and the  
24 suspending means permanently attached to the slots  
25 by tying.

26  
27 In use, as shown in figure 12 the soft tissue anchor  
28 30 is placed on the introducing tool 50 as described  
29 above. An incision 117 is made in the upper wall  
30 116 of the vagina, as shown in Figure 11, and the  
31 introducing tool 112 is passed through the incision  
32 117, past one side of the urethra 118, behind the



1     pubic bone 119 and into the rectus sheath 120. It  
2     is apparent to the surgeon when the rectus sheath  
3     120 has been penetrated as this stage of insertion  
4     presents significant resistance. Once the head 58  
5     of the introducing tool 50 and the soft tissue  
6     anchor 30 have passed through the rectus sheath 120,  
7     the resistance diminishes and the surgeon ceases to  
8     insert the introducing tool 50.

9  
10    The introducing tool 50 is retracted from the body  
11    releasing the soft tissue anchor 30. Due to the  
12    wing sections 34 on the central portion 32 of the  
13    soft tissue anchor 30, the soft tissue anchor 30 is  
14    retained by the rectus sheath 120 as the introducing  
15    tool 50 is retracted. Thus, the suspending means  
16    remains in the body, secured by the soft tissue  
17    anchor which is opposed by the rectus sheath 120.

18  
19    This procedure is repeated, with a second soft  
20    tissue anchor 30 and suspending means 20, with the  
21    introducing tool 50 being passed through the  
22    incision 117 and past the other side of the urethra  
23    118. Thus, two suspending means 20 are provided,  
24    attached to the rectus sheath 120, one passing  
25    either side of the urethra 118.

26  
27    The suspending means 20 are passed through the  
28    tunnelled elements 13 of the suburethral support 10,  
29    and the suspending means 20 are pulled through the  
30    aperture 15 until the suburethral support 10 is  
31    positioned such that it passes under the urethra  
32    118. The suspending means 20 are then fixed in

1 place by placing a ring element 19 over the edge 18  
2 of the aperture 15 such that the suspending means  
3 are trapped between the edge 18 and the ring element  
4 19 securing them in place.

5  
6 Alternatively as shown in figure 5 the suspending  
7 means may be fixed in the attachment tabs by  
8 threading them through jamming slots 12 or tying, as  
9 described above. The optimal lengths of the  
10 suspending means 20 are such that the suburethral  
11 support 10 passes under the urethra 118, but exerts  
12 no pressure on the urethra 118 unless the bladder  
13 121 is displaced. The optimal positioning of the  
14 suburethral support 20 is roughly as illustrated in  
15 Figure 14. When the bladder is displaced, the  
16 suburethral support 10 aids closure of the urethra  
17 118, thus alleviating urinary incontinence.

18  
19 In this example, a portion of the surgical implant  
20 is impregnated with methylene blue, which is a  
21 harmless water soluble dye. At the end of the  
22 procedure a small amount of fluid is expelled from  
23 the bladder 121. Should this fluid contain any  
24 dissolved methylene blue, it is very likely that the  
25 bladder has been perforated on placing the soft  
26 tissue anchor 30. In this case, cystoscopy should  
27 be carried out. If no methylene blue is present,  
28 the need for cystoscopy is advantageously obviated.  
29 Other suitable water-soluble dyes may, of course, be  
30 used.

31

1 Referring to Figure 14, it can be appreciated that  
2 the surgical implant of the present invention, when  
3 inserted in the human body, may extend from the  
4 rectus sheath 120, through the paraurethral space  
5 130 on one side of the urethra 118, around the  
6 urethra and back to the rectus sheath 120 on the  
7 other side. In contrast, the prior art device  
8 comprises a tape 200 that also extends through the  
9 abdominal wall 127 and represents a far greater  
10 implanted mass.

11

12 Referring to Figure 11, in use, the further  
13 embodiment of soft tissue anchor illustrated in  
14 figure 9 for placement in fibro-fatty soft tissue of  
15 the retropubic space is placed on an introducing  
16 tool. An incision 117 is made in the upper wall 116  
17 of the vagina, as shown in Figure 11, and the  
18 introducing tool 112 is passed through the incision  
19 117, past one side of the urethra 118, and located  
20 in the fibro-fatty soft tissue and blood vessels of  
21 the para-urethral tunnel. In this case the surgeon  
22 does not introduce the soft tissue anchor as far  
23 into the body as described previously and the rectus  
24 sheath 120 is not penetrated. Once the soft tissue  
25 anchor has been suitably positioned in the soft  
26 tissue the surgeon ceases to insert the introducing  
27 tool and retracts the introducing tool from the body  
28 releasing the projections of the soft tissue anchor  
29 72. The release of the projections 72 of soft  
30 tissue anchor by the introducing tool allows the  
31 projections to grip the soft tissue surrounding the  
32 soft tissue anchor and provide resistance to

1 movement of the soft tissue anchor in a direction  
2 opposite to that which it was inserted.

3

4 This procedure is repeated, with a second soft  
5 tissue anchor such that the projections 72 of the  
6 soft tissue anchor also provide resistance to  
7 movement of the soft tissue anchor in a direction  
8 opposite to that which it was inserted the  
9 introducing tool being passed through the incision  
10 117 and past the other side of the urethra 118.

11

12 Thus, two suspending means 20 are provided, which  
13 are held in the soft tissue comprising fibro-fatty  
14 tissue and blood vessels.

15

16 As described above the suspending means 20 are  
17 passed through the attachment tabs of the  
18 suburethral support 10, and the suburethral support  
19 10 positioned such that it passes under the urethra  
20 118.

21

22 Again this device contrasts that described by the  
23 prior art device in that it does not extend through  
24 the abdominal wall 127 and does not represent as  
25 much implanted mass.

26

27 Various embodiments of the present invention can be  
28 envisaged within the scope of the invention, for  
29 example the soft tissue anchor may comprise a cone  
30 or a half cone such that a circular or semi-circular  
31 base is provided as a retaining means to prevent  
32 retraction of the soft tissue anchor in a direction

1 opposite to that in which it is inserted into the  
2 tissue.

3

4 Alternatively the soft tissue anchor may comprises a  
5 substantially flat or disc shaped head. In this case  
6 the introducing tool may have a conical head with a  
7 sharp point at its apex and a slot for receiving the  
8 flat or disc shaped head.

9

10 In yet another example, the soft tissue anchor may  
11 be formed of two sections. The upper section, i.e.  
12 the portion of the anchor that forms the sharp point  
13 10, may be made from an absorbable material, such as  
14 polyglactin such that a sharp point is provided for  
15 insertion of the anchor into the body, but this  
16 sharp point is later absorbed by the body so as to  
17 eliminate any discomfort or disadvantage caused by a  
18 sharp pointed object being retained inside the body.

19

20 The soft tissue anchor may be made from metal, such  
21 as titanium, as this is a hard material that can  
22 easily be formed into the head having the sharp  
23 point at its apex, and is sufficiently malleable to  
24 provide a tube that may be crimped to the suspending  
25 means.

1     **CLAIMS**

2

3     1.    A surgical implant for supporting the urethra,  
4     the implant comprising: a suburethral support  
5     suspended between at least two soft tissue anchors  
6     attached at either side of the suburethral support,  
7     each soft tissue anchor having retaining means for  
8     retaining each anchor in tissue and suspending means  
9     for suspending each side of the suburethral support  
10    from a soft tissue anchor such that, in use, the  
11    suburethral support passes under the urethra and the  
12    soft tissue anchor anchors the implant and does not  
13    penetrate the lower abdominal wall.

14

15    2.    A surgical implant as claimed in claim 1  
16    wherein the soft tissue anchor comprises a central  
17    portion and the retaining means includes at least  
18    one wing section, the wing section being mounted on  
19    a first end of the central portion by resilient  
20    hinge means such that the wing section is moveable  
21    between an open, resting position and a deflected  
22    position such that in use, when the soft tissue  
23    anchor device is inserted into the tissue the wing  
24    section is pushed or held towards the central  
25    portion in the deflected position to permit entry of  
26    the soft tissue anchor into the tissue and through  
27    the rectus sheath, wherein the wing section returns  
28    to its open or resting position and prevents the  
29    soft tissue anchor being removed from the rectus  
30    sheath.

31

1     3.    A surgical implant as claimed in claim 2  
2     wherein the central portion of the soft tissue  
3     anchor comprises a hollow passage through which an  
4     introducing tool may be inserted.

5  
6     4.    A surgical implant as claimed in claims 2 or 3  
7     wherein the soft tissue anchor comprises a plurality  
8     of wing sections.

9  
10    5.    A surgical implant as claimed in claim 1  
11    wherein the soft tissue anchor is capable of  
12    anchoring in the retropubic area without penetrating  
13    the rectus sheath.

14  
15    6.    A surgical implant as claimed in claim 1 or 5  
16    wherein the soft tissue anchor comprises a central  
17    portion and the retaining means includes a plurality  
18    of projections, the projections, extending radially  
19    from the central portion along a length of the  
20    central portion allowing fixation at a plurality of  
21    layers.

22  
23    7.    A surgical implant as claimed in claim 1  
24    wherein the soft tissue anchor comprises a  
25    substantially flat head the bottom surface nearest  
26    the suspending means of the flat head providing the  
27    retaining means, which in use, anchors the implant  
28    in the rectus sheath.

29  
30    8.    A surgical implant as claimed in claim 1  
31    wherein the soft tissue anchor comprises a sharp  
32    point allowing it to pierce or penetrate the rectus

1 sheath, and the retaining means comprises a surface  
2 or protrusion directed rearwardly with respect to  
3 the sharp point to maintain the anchor within the  
4 rectus sheath.

5

6 9. A surgical implant as claimed in any preceding  
7 claim wherein the soft tissue anchor is comprised of  
8 plastics material.

9

10 10. A surgical implant as claimed in any preceding  
11 claim wherein the soft tissue anchor is comprised of  
12 polypropylene.

13

14 11. A surgical implant as claimed in any preceding  
15 claim wherein the soft tissue anchor is integral  
16 with the suspending means.

17

18 12. A surgical implant as claimed in any preceding  
19 claim wherein the suburethral support is comprised  
20 of flat polymer tape.

21

22 13. A surgical implant as claimed in any preceding  
23 claim wherein the suburethral support has dimensions  
24 of length 15-35mm, width 5-15mm and thickness 50-  
25 350 $\mu$ m.

26

27 14. A surgical implant as claimed in any preceding  
28 claim wherein the length of the suspending means is  
29 adjustable.

30



1 15. A surgical implant as claimed in any preceding  
2 claim wherein the suspending means comprise a  
3 plastics strip, 3-5mm in width.  
4

5 16. A surgical implant as claimed in any preceding  
6 claim wherein the suspending means comprises a  
7 plastics material which comprises pores which extend  
8 through the plastics material from a first surface  
9 of the plastics material to a second opposite  
10 surface of the plastics material said pores ranging  
11 in width across the surface of the plastics material  
12 from 50 $\mu$ m to 200 $\mu$ m.  
13

14 17. A surgical implant as claimed in any preceding  
15 claim wherein the plastics material which comprises  
16 the suspending means comprises pits, that indent but  
17 do not extend through the plastics material, on at  
18 least one of the surfaces of the plastics material,  
19 the pits ranging in width from 50 $\mu$ m to 200 $\mu$ m.  
20

21 18. A surgical implant as claimed in any preceding  
22 claim wherein the suspending means is provided with  
23 a plurality of microgrooves of width between 0.5-7 $\mu$ m  
24 and of depth 0.25-7 $\mu$ m on at least one surface of the  
25 plastics strip.  
26

27 19. A surgical implant as claimed in claim 18  
28 wherein the plurality of microgrooves are aligned  
29 such that they are substantially parallel with each  
30 other.  
31

1     20. A method of supporting the urethra comprising  
2     the steps of, introducing a surgical implant in any  
3     of the preceding claims into an incision made on the  
4     upper wall of the vagina, inserting a soft tissue  
5     anchor on a first side of the urethra behind the  
6     pubic bone, inserting a second soft tissue anchor on  
7     a second side of the urethra behind the pubic bone,  
8     such that the suburethral support is suspended from  
9     the soft tissue anchor and supports the urethra.

10

11    21. Use of a method of supporting the urethra as  
12    claimed in claim 20 in treating urinary incontinence  
13    or uterovaginal prolapse.

14

15    22. A method as claimed in claim 20 wherein the  
16    soft tissue anchors are inserted in the rectus  
17    sheath.

18

19    23. A method as claimed in claim 20 wherein the  
20    soft tissue anchors are inserted in the fibro-fatty  
21    soft tissue which comprise the retropubic space and  
22    do not penetrate the rectus sheath.

23

24    24. A surgical implant as claimed in any of claims  
25    1 to 19 wherein at least a part of the surgical  
26    implant of the present invention is coated or  
27    impregnated with a water soluble dye.

28

29    25. A soft tissue anchor comprising a central  
30    portion and retaining means wherein the retaining  
31    means includes a plurality of projections, the  
32    projections extending radially from the central

1     portion along a substantial portion of the length of  
2     the central portion allowing fixation of the anchor  
3     at a plurality of layers.

4

5     26.   Use of a soft tissue anchor as claimed in claim  
6     25 in plastic surgery, cosmetic surgery, hernia  
7     repair, facelifts and the like.

8

9     27.   Use of a plastics material as claimed herein in  
10    implants to encourage cell through growth or  
11    ingrowth.

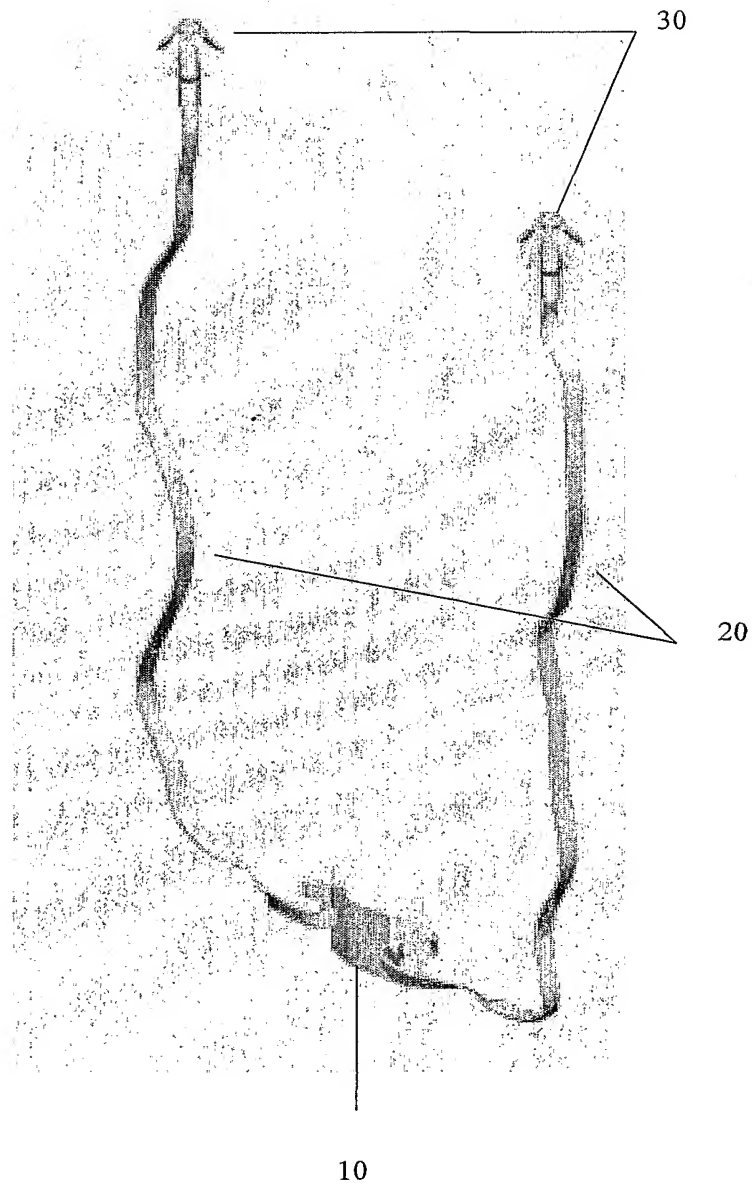


Figure 1

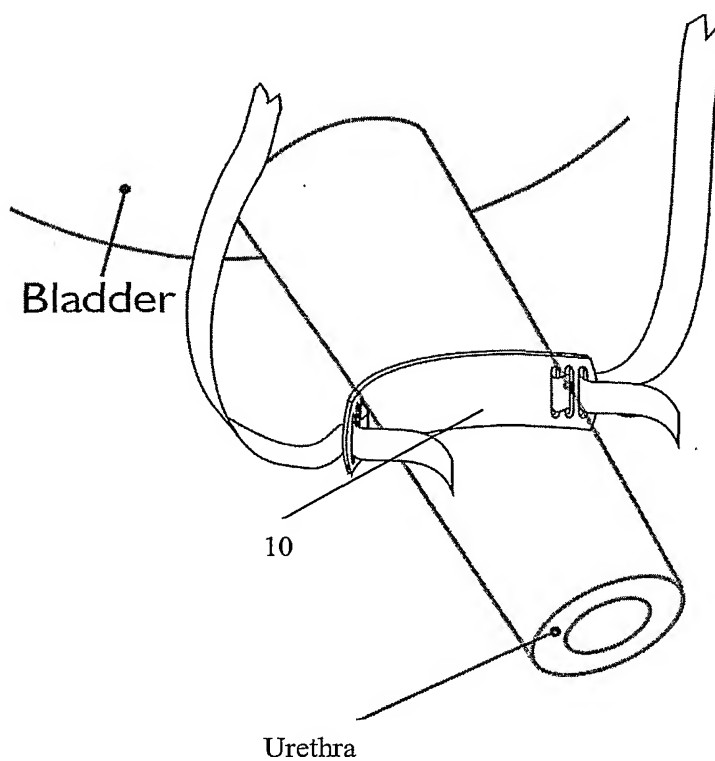
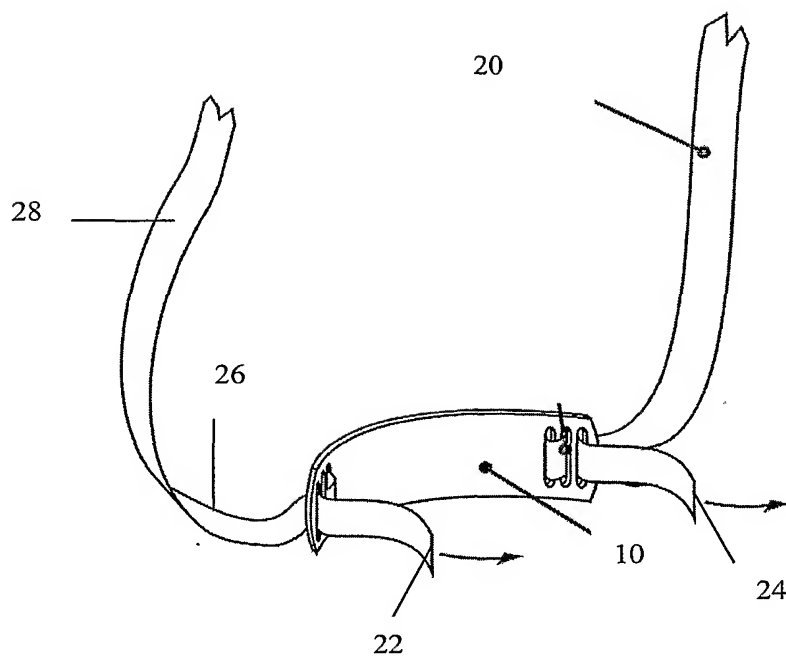


Figure 2

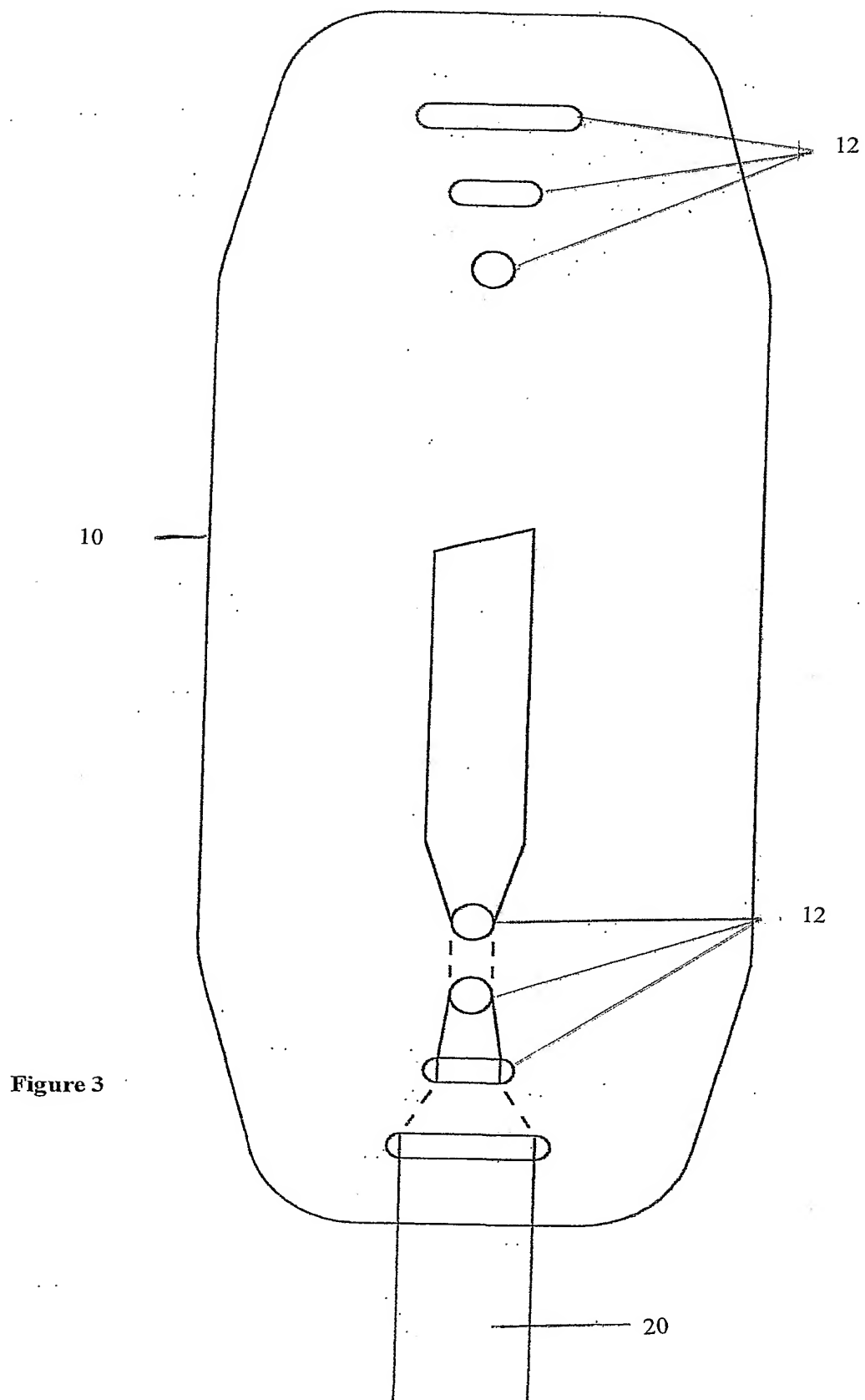


Figure 3

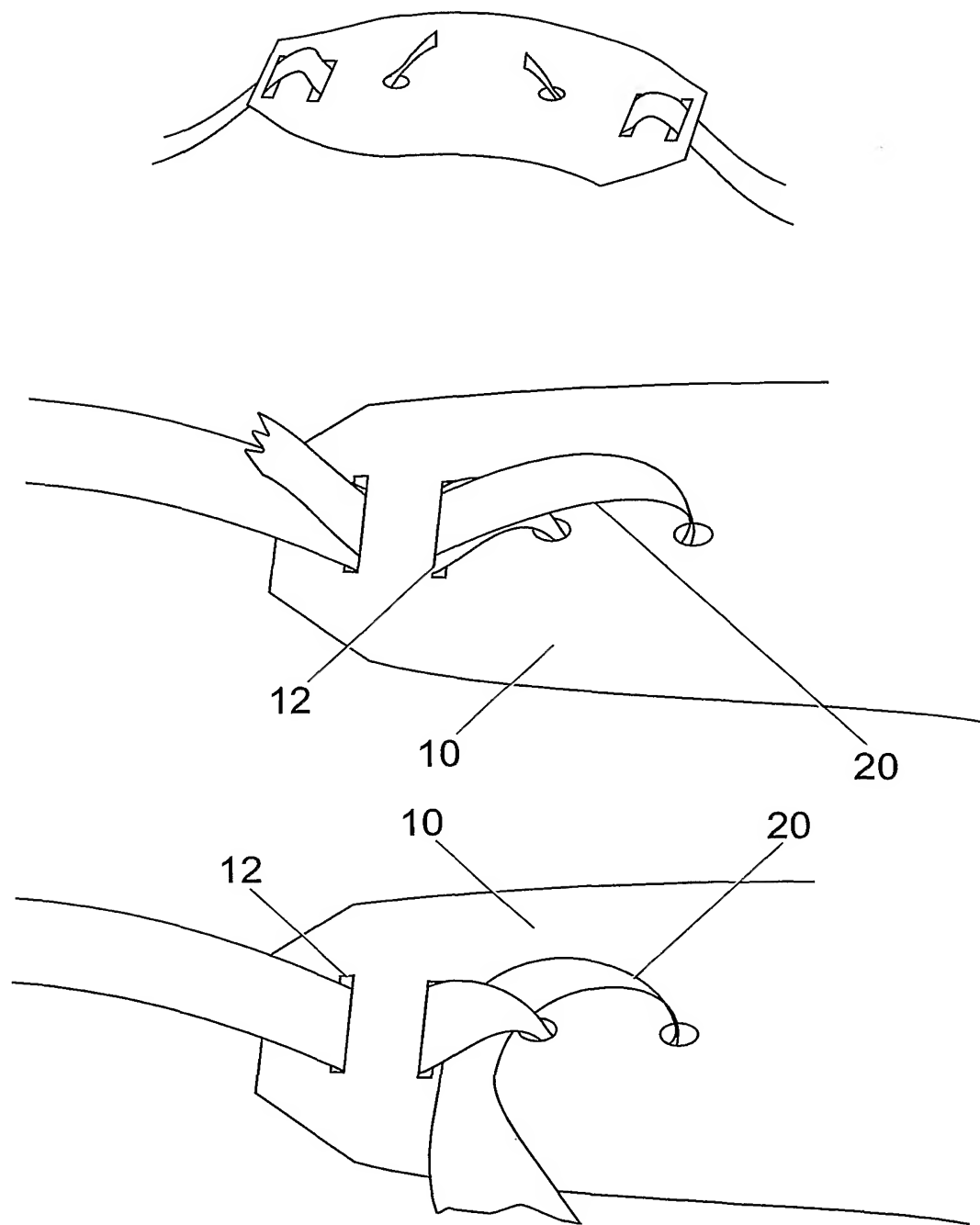


Fig. 4

Figure 5

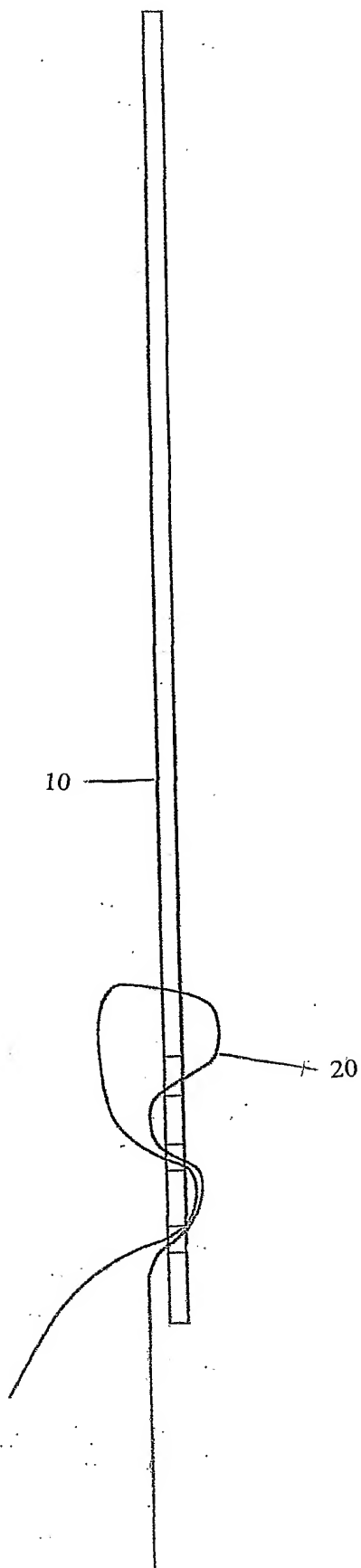




Figure 6A

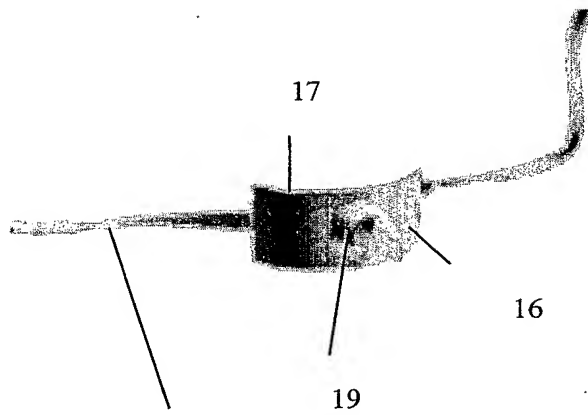


Figure 6B

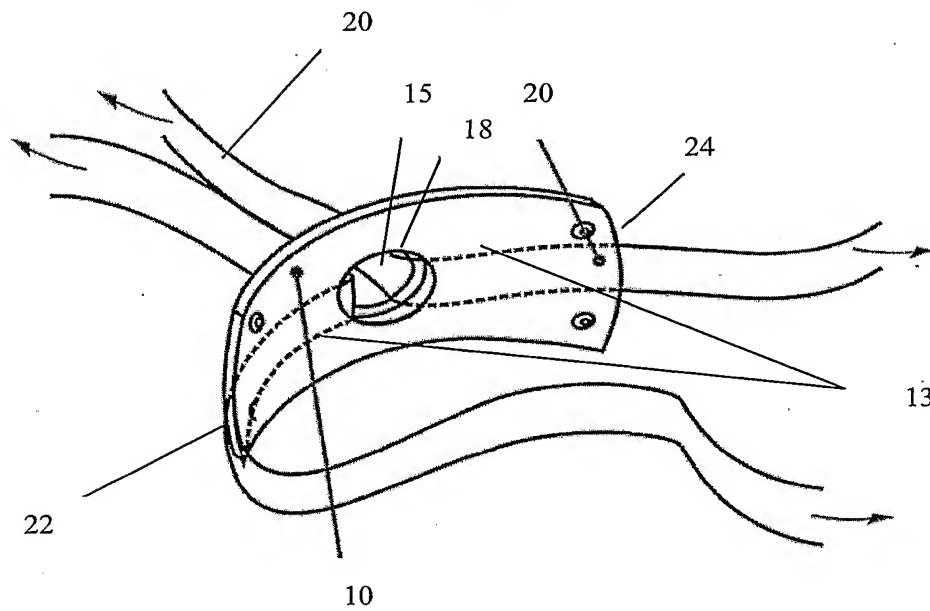


Figure 6C

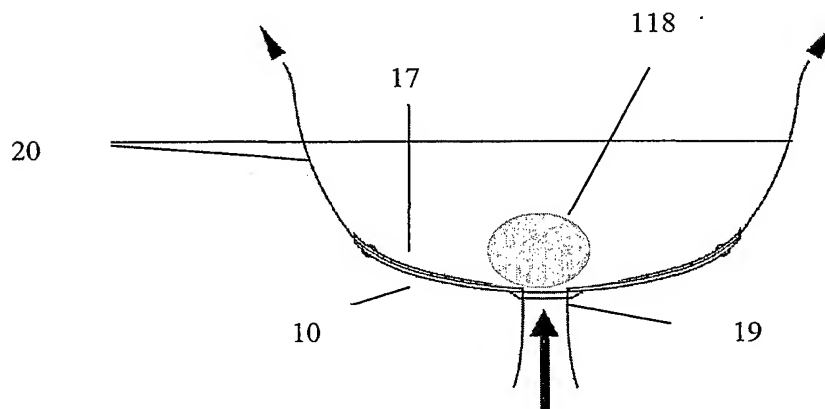


Figure 7A

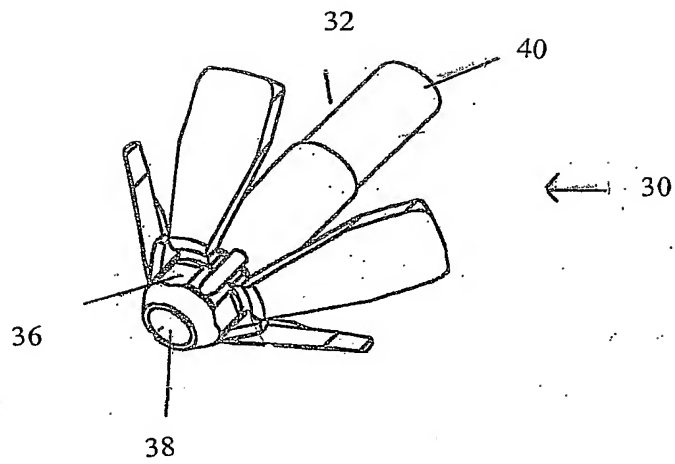


Figure 7B

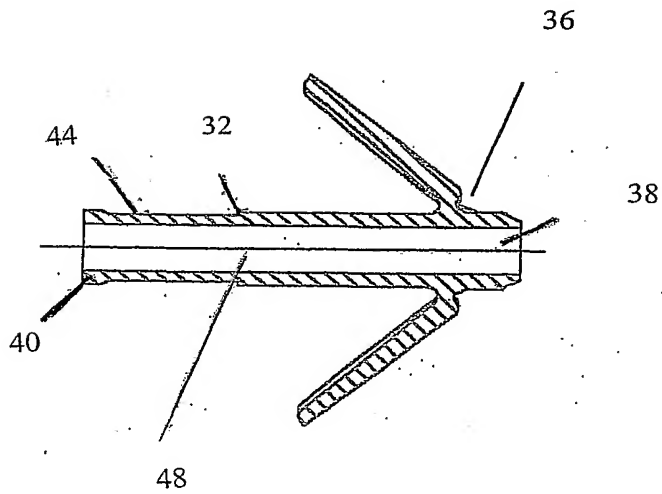


Figure 7C

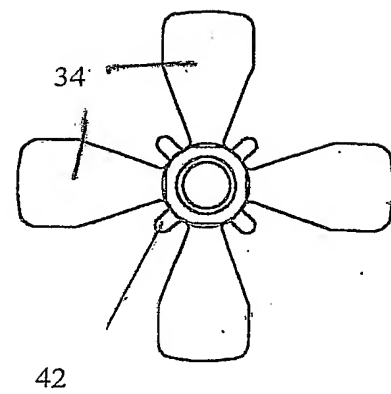


Figure 8A

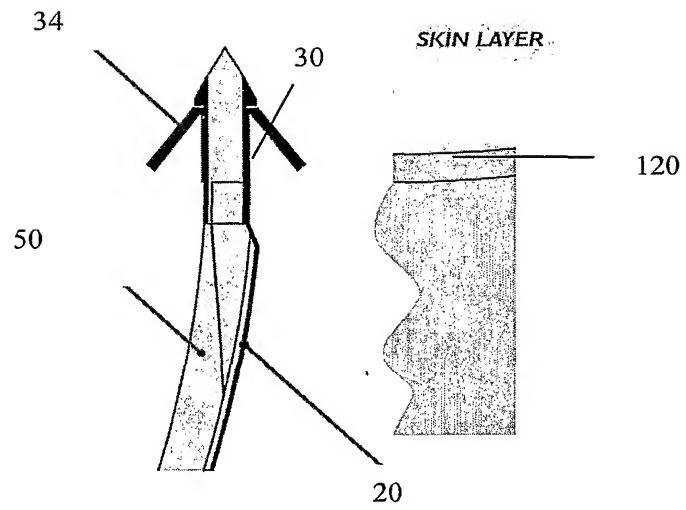


Figure 8B

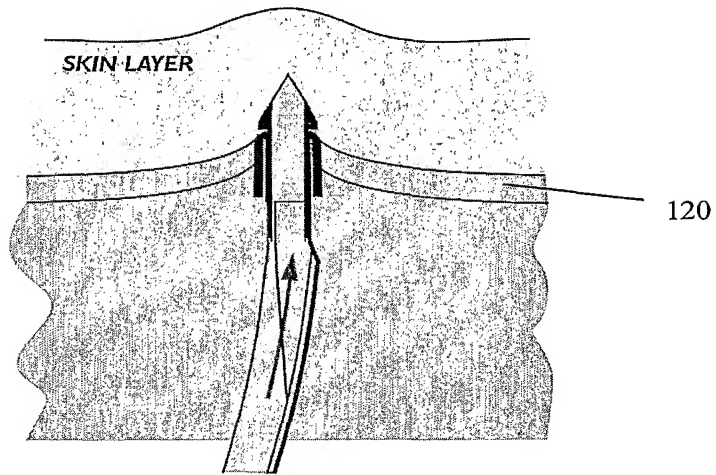
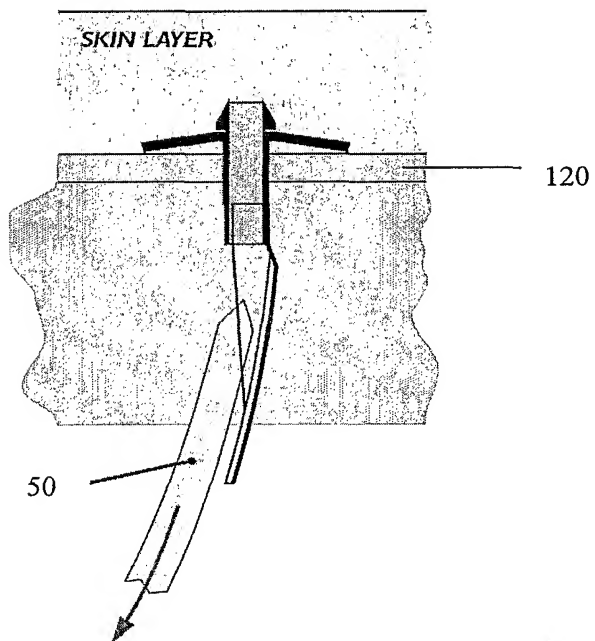
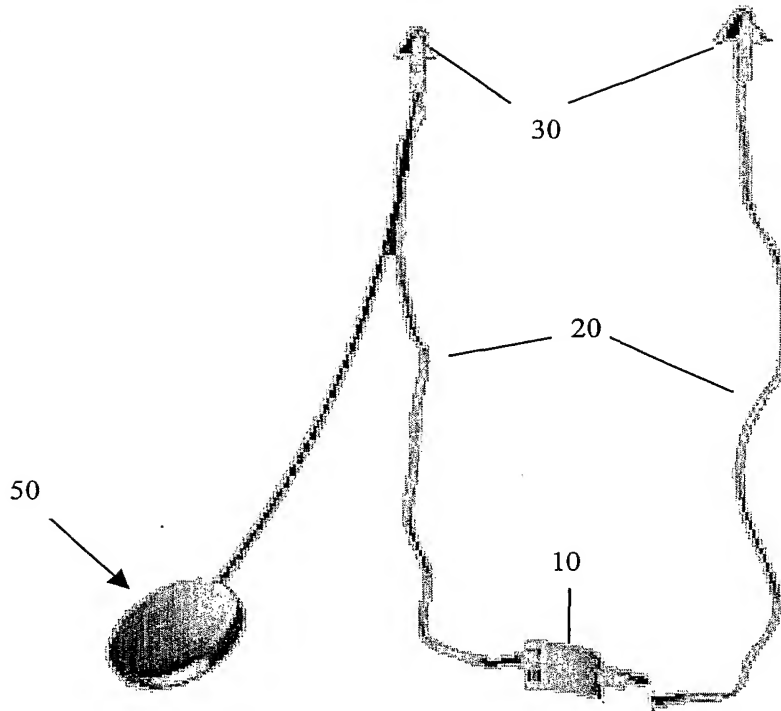


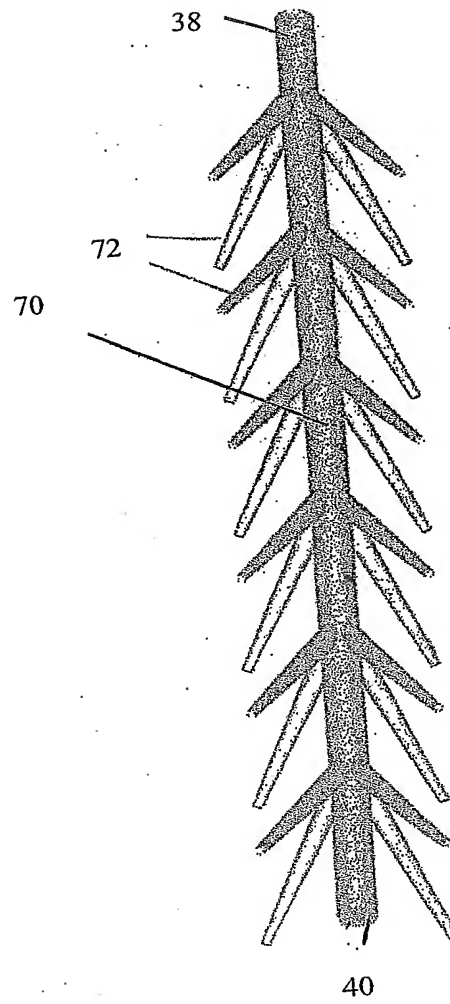
Figure 8C

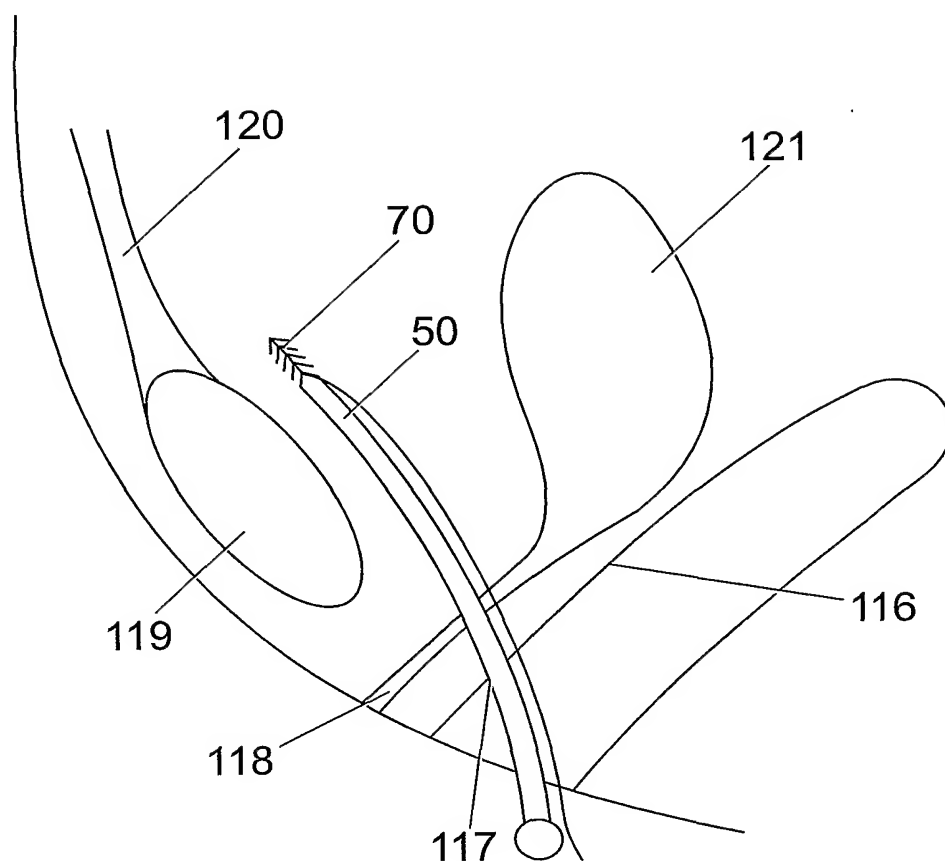


**Figure 9**

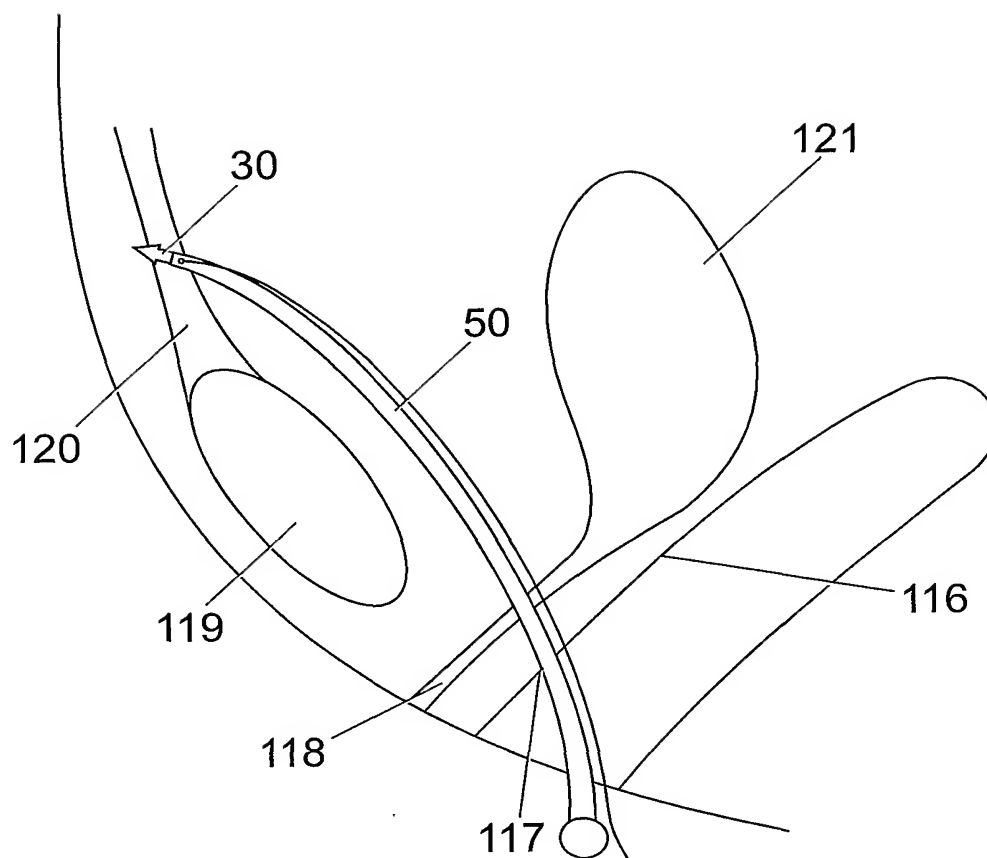


**Figure 10**

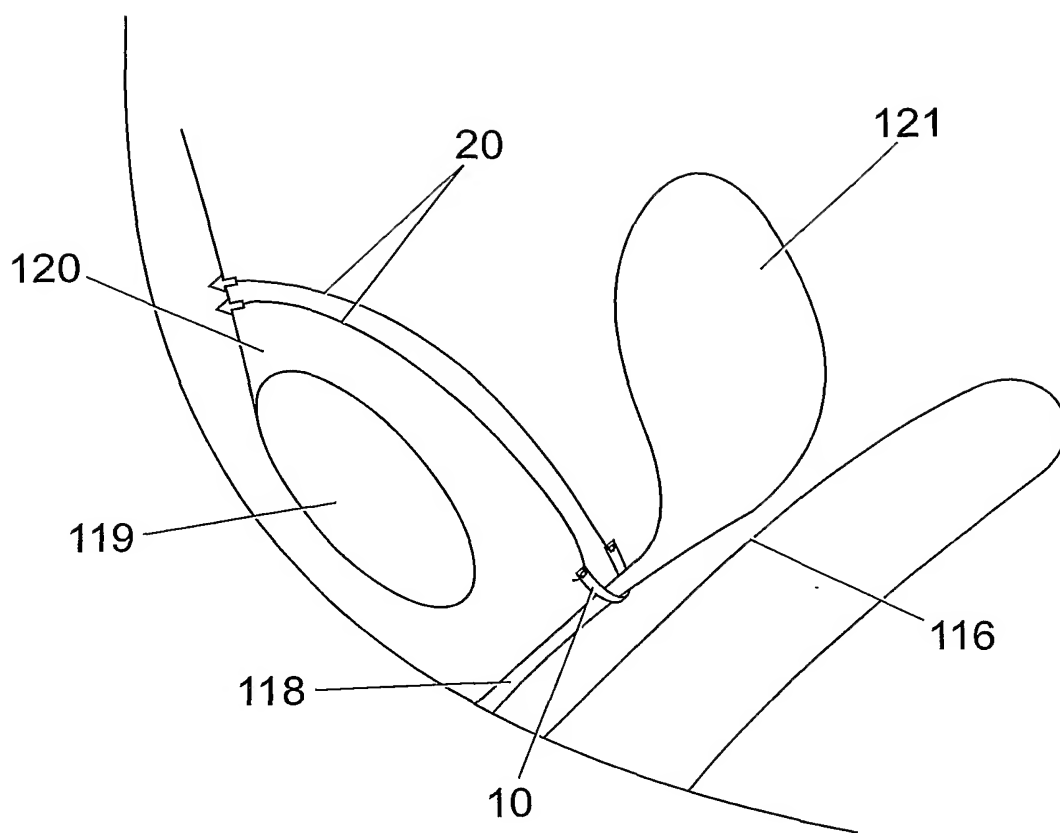




*Fig. 11*



*Fig. 12*



*Fig. 13*



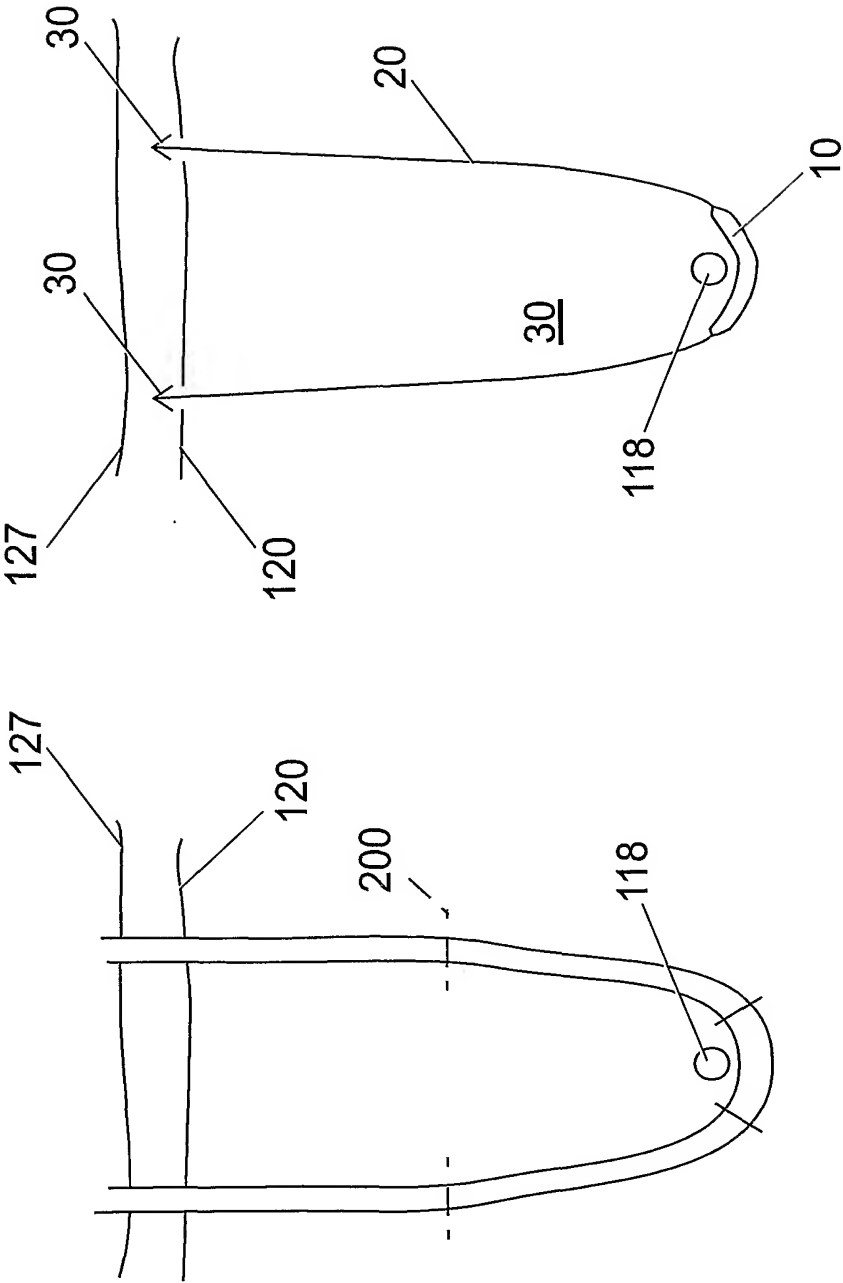
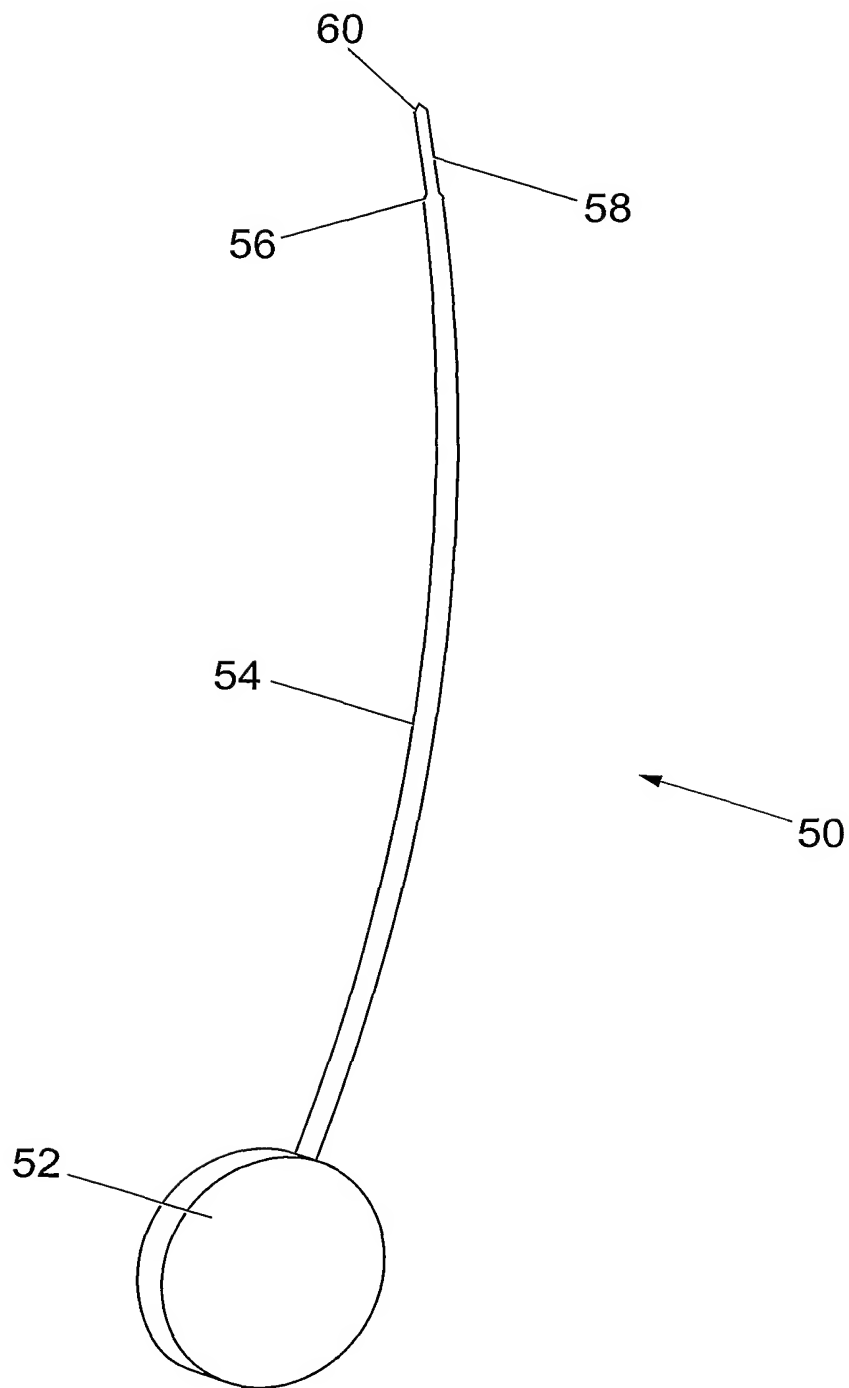
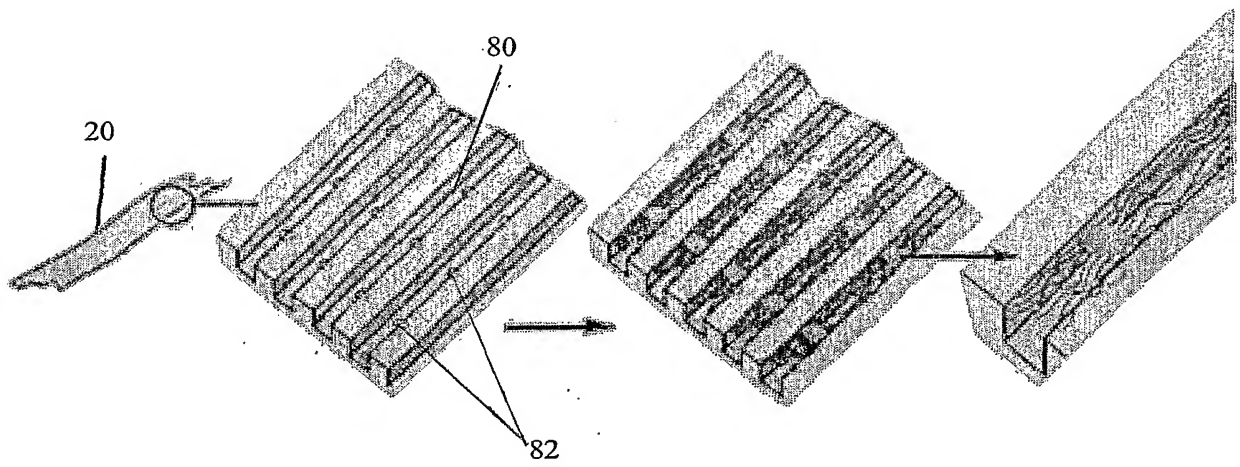


Fig. 14

*Fig. 15*

**Figure 16**

## INTERNATIONAL SEARCH REPORT

International Application No

PCT/GB 01/04554

A. CLASSIFICATION OF SUBJECT MATTER  
 IPC 7 A61B17/04 A61F2/00

According to International Patent Classification (IPC) or to both national classification and IPC

## B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 7 A61B A61F

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

EPO-Internal, WPI Data

## C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 99 59477 A (WALSHE) 25 November 1999 (1999-11-25)  the whole document	1,2, 4-10,25, 26
Y	----	11-19,24
X	EP 0 632 999 A (UNITED STATES SURGICAL CORPORATION) 11 January 1995 (1995-01-11) abstract; figures	25
Y	----	11
Y	WO 98 35632 A (BOSTON SCIENTIFIC IRELAND LIMITED, BARBADOS HEAD OFFICE ) 20 August 1998 (1998-08-20) the whole document	12-19,24
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Date of the actual completion of the international search

22 January 2002

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## INTERNATIONAL SEARCH REPORT

International Application No

PCT/GB 01/04554

## C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	EP 0 248 544 A (NATIONAL RESEARCH DEVELOPMENT CORPORATION) 9 December 1987 (1987-12-09) abstract; figures column 2, line 33-42 column 3, line 39 -column 4, line 18	27
A		1, 12-19, 24
A	US 5 647 836 A (BLAKE, III ET AL.) 15 July 1997 (1997-07-15) abstract; figures	1

## INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No

PCT/GB 01/04554

Patent document cited in search report		Publication date	Patent family member(s)	Publication date
WO 9959477	A	25-11-1999	AU 737877 B2 AU 4092199 A EP 1079740 A1 WO 9959477 A1	06-09-2001 06-12-1999 07-03-2001 25-11-1999
EP 0632999	A	11-01-1995	US 5500000 A CA 2125839 A1 EP 0632999 A1	19-03-1996 02-01-1995 11-01-1995
WO 9835632	A	20-08-1998	AU 6329598 A EP 0983033 A1 JP 2001511685 T US 6042534 A WO 9835632 A1	08-09-1998 08-03-2000 14-08-2001 28-03-2000 20-08-1998
EP 0248544	A	09-12-1987	AT 62587 T DE 3769370 D1 EP 0248544 A1 GB 2189999 A ,B US 4857041 A	15-05-1991 23-05-1991 09-12-1987 11-11-1987 15-08-1989
US 5647836	A	15-07-1997	NONE	